Porphica USE CHINI PMC COVER PAGE AREA CODE/PHONE AREA CODE/PHONE CALIFORNIA 460 805-619-0566 I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I of\_15 Quarterly Statement Special Odd-Year Report FORM Page 1 ZIP CODE ZIP CODE 93458 STATE STATE Date Stamp CA(Also file a Form 410 Termination) Amendment (Explain below) NAME OF ASSISTANT TREASURER, IF ANY OPTIONAL: FAX / E-MAIL ADDRESS 124 W. Main Street, Suite D Oscar Alejandro Escobedo Semi-annual Statement Termination Statement Preelection Statement Date of election if applicable: (Month, Day, Year) Type of Statement: NAME OF TREASURER MAILING ADDRESS MAILING ADDRESS reasurer(s) Santa Maria 11/03/2020 ₹ તં Statement covers period AREA CODE/PHONE AREA CODE/PHONE Primarily Formed Ballot Measure Committee Controlled Sponsored 805-619-0566 Primarily Formed Candidate/ 10/17/2020 09/20/2020 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder Committee (Also Complete Parl 7) (Also Complete Part 6) through I.D. NUMBER Carlos Escobedo for Santa Maria City Council District 1 2020 from\_ 1424210 ZIP CODE ZIP CODE 93458 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Officeholder, Candidate Controlled Committee State Candidate Election Committee STATE STATE State Candidate Election Committee Political Party/Central Committee carlosforsmcitycouncil@gmail.com Sponsored Small Contributor Committee | General Purpose Committee | Sponsored | Sponsored | Small Confributor Committe | Political Party/Central Com Recipient Committee 124 W. Main Street, Suite D 124 W. Main Street, Suite D OPTIONAL: FAX / E-MAIL ADDRESS Campaign Statement Committee Information STREET ADDRESS (NO P.O. BOX) SEE INSTRUCTIONS ON REVERSE (Also Complete Parl 5) Cover Page Santa Maria

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Verification

certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	10/21/2020	BV	
	Date: 10/21/2020	Signature of Treasurer or Assistant Treasurer	
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Date	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	
			FPPC Form 4

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			Page 2	of 15
5. Officeholder or Candidate Controlled Committee	d Committee	6. Primarily Formed Ballot Measure Committee	e Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
Carlos Escobedo				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION		SUPPORT
City Council Member: City of Santa Maria District 1	District 1			OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	TREET) CITY STATE ZIP			
1010 W. Alvin Avenue	Santa Maria CA 93458	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ndidate, or state measure propo	nent, if any.
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	R PROPONENT	
not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	d by you or are primarily formed to receive f your candidacy.	OFFICE SOUGHT OR HELD	DISTRICT NO, IF ANY	ANY
COMMITTEE NAME	I.D. NUMBER			
NAME OF TREASURER	LED CO	officeholder(s) or candidate(s) for which this committee is primarily formed.	his committee is primarily formed	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	(NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
				OPPOSE
SIAIR	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE NAME	I,D, NUMBER			
		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASUREX	□ YES □ NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO PO. BOX)	(NO P.O. BOX)			OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	Attach continu	Attach continuation sheets if necessary	

tatement	
isclosure State	,
n Discl	/ Page
Campaign Dia	Summary

Campaign Disclosure Statement	Amounts may be rounded		SUMMARY PAGE
Summary Page	to whole dollars.	Statement covers period 09/20/2020	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through 10/17/2020	Page 3 of 15
NAME OF FILER			I,D, NUMBER
Carlos Escobedo for Santa Maria City Council District 1 2020			1424210

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 4,625.00 0.00 \$ 4,625.00 0.00 \$ 4,625.00	\$ 29,424.38 2,000.00 \$ 31,424.38 0.00 \$ 31,424.38	General Elections 1/1 through 5/30 7/1 to Date 20, Contributions Received \$\$ 21. Expenditures Made \$
Expenditures Made  6. Payments Made	\$ 9,623.69	\$ 17,004.45	Expenditure Limit Summary for State Candidates
7. Loans Made	\$ 9,623.69 0.00 0.00	0.00 \$ 17,004.45 0.00 0.00	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)  □ate of ⊟ection (mm/dd/yy)
11, TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 9,623.69	\$ 17,004.45	\$
Current Cash Statement  12. Beginning Cash Balance  13. Cash Receipts  14. Miscellaneous Increases to Cash  15. Cash Payments  16. ENDING CASH BALANCE  17. LOAN GUARANTEES RECEIVED  Schedule B. Part 2  Cash Equivalents and Outstanding Debts	\$ 19,418.62 4,625.00 0.00 9,623.69 \$ 14,419.93 \$ 0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B.

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2,000.00

Add Line 2 + Line 9 in Column B above

19. Outstanding Debts.... 18. Cash Equivalents...

69 69

See instructions on reverse

### Moneta Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	Monetary Contributions Received	3	and a contains.	Statement covers period 09/20/2020		CALIFORNIA 460
SEE INSTRUCT	SEE INSTRUCTIONS ON REVERSE			through10/17/2020	)20	Page 4 of 15
NAME OF FILER Carlos Escob	AME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020					I.D. NUMBER 1424210
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	DATE PER ELECTION AR TO DATE 31) (IF REQUIRED)
09/20/2020	Thomas Lopez 1826 Lauren Lane Santa Maria, CA 93454	OTH SCC	Engineer TSL Consulting Engineers, INC.	500.00	500.00	
09/22/2020	John F. Will 641 Antler Ridge Way Santa Maria CA 93455	OTH SCC	Owner The JF Will Company	250.00	250.00	
09/24/2020	Santa Maria Properties, Inc. 1131 South Russell Ave. Santa Maria, CA 93458	OTH SCC		500.00	500,00	
09/24/2020	Scott & Wayne, LLC 1131 South Russell Ave. Santa Maria, CA 93458	IND COM		500.00	500,00	
10/13/2020	Santa Barbara Rental Property Association ID: 802339 123 W. Padre Street #D Santa Barbara, CA 93105	OTH SCC		500.00	500.00	
			SUBTOTAL \$	2,250.00	HE NOTE STATE	Service officerous
Schedule /	Schedule A Summary				*Contri	*Contributor Codes IND – Individual
(Include al	(Include all Schedule A subtotals.)	电影 化多数 医多数 医克尔克氏 医皮肤 医皮肤 医皮肤	3,3-	1,000.00		(other than PTY or SCC)

### Schedul

- 1. Amount received this period itemized monetary contributions.
- 2. Amount received this period unitemized monetary contributions of less than \$100 ... (Include all Schedule A subtotals.) .....
- ω Total monetary contributions received this period.

\$ 75.00

SCC - Small Contributor Committee

OTH - Other (e.g., business entity)

PTY - Political Party

## Schedule A (Continuation Sheet) Monetary Contributions Received

schedule A (Continuation Sheet)	Amounts may be rounded		SCHEDULE A (CONT.)
Monetary Contributions Received	to whole dollars.	Statement covers period from 09/20/2020	CALIFORNIA 460
		through 10/17/2020	Page 5 of 15
NAME OF FILER			I.D. NUMBER
Carlos Escobedo for Santa Maria City Council District 1 2020			1424210

DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/2020	Ana Ruvalcaba PO BOX 8154 Santa Maria, CA 93456	IND COM OTH SCC	Director Project Jupyter Cal Poly State University	200.00	200.00	
10/15/2020	Schmidt Family Investments, Inc. 2520 Professional Pkwy Santa Maria, CA 93455	□ IND □ COM ■ OTH □ PTY □ SCC		500.00	500.00	
10/16/2020	CA Slates #1401551 C/O Crummitt & Associates 249 E. Ocean Blvd #670 Long Beach, CA 90802 Note: Refund	COM OTH PTY		1,600.00	1,600.00	
		O COM O COTH O PTY SCC				
		IND COM OTH SCC				
			SUBTOTAL \$ 2,300.00	2,300.00	8.11	

\*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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#### Sch Loa D Ū

Amounts may be rounded

SCHEDULE B - PART 1

Schedule B - Part 1		to whole dollars.			Statement covers period	ers period	CALIFORNIA 460	<b>460</b>
					10/17/2020		,	17
QUE 1200 1000 QN 2000000							age	
NAME OF FILER							I.D. NUMBER	
Carlos Escobedo for Santa Maria City Council District 1 2020	District I 2020					,	1424210	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D, NUMBER)	JF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(a) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Carlos Escobedo	Outreach Specialist			□ PAID 5 0.00	s 2,000.00	0.00 %	s 2,000.00	CALENDAR YEAR 2,000.00
Santa Maria, CA 93458	Allan Hancock College			FORGIVEN		RATE		PER ELECTION.
	(	2,000.00	0.00	0.00		•	07/17/20	•
TIND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				8	8	BATE %	S	Ç1
				FORGIVEN				PER ELECTION**
T□ IND □ COM □ OTH □ PTY □ SCC		S	S	\$	DATE DUE	60	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				٠ - -	C4	9/2	S	Co.
				FORGIVEN		RATE		PER ELECTION**
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		60	(6)	69	DATE DUE	<i>s</i> n	DATE INCURRED	\$
	S	SUBTOTALS \$	0.00 \$	0.00 \$	2,000.00 \$	0,00		
Schedule B Summary						(Enter (e) on Schedule E. Line 3)	le E. Line 3)	

### S |

Q	ochedule B Summary
<del>. `</del>	1. Loans received this period
	(Total Column (b) plus unitemized loans of less than \$100.)
'n	2. Loans paid or forgiven this period
	(Total Column (c) plus loans under \$100 paid or forgiven.)
	(Include loans paid by a third party that are also itemized on Schedule A.)
ω	3. Net change this period. (Subtract Line 2 from Line 1.)
	Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negalive number)

TContributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

\*\* If required. \*Amounts forgiven or paid by another party also must be reported on Schedule A.

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SCHEDULE B - PART 2 BALANCE OUTSTANDING TO DATE CALIFORNIA 460 15 6 FORM I.D. NUMBER 1424210 Page 7 CUMULATIVE TO DATE CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR PER ELECTION (IF REQUIRED) PER ELECTION (IF REQUIRED) (IF REQUIRED) Statement covers period AMOUNT GUARANTEED THIS PERIOD 10/17/2020 09/20/20 through, from. LENDER LENDER LENDER LENDER LOAN DATE DATE DATE IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS) Amounts may be rounded to whole dollars. CONTRIBUTOR CODE\* COM OTH SCC COM OTH DTY □ PTY COM □ OTH COM □ OTH PTY Scc Carlos Escobedo for Santa Maria City Council District 1 2020 ONI 🗆 ONI QNI 🗆 FULL NAME, STREET ADDRESS AND ZIP CODE OF (IF COMMITTEE, ALSO ENTER I,D., NUMBER) CONTRIBUTOR SEE INSTRUCTIONS ON REVERSE Schedule B - Part 2 Loan Guarantors NAME OF FILER

FPPC Form 460 (Jan/2016)) www.fppc.ca.gov FPPC Advice: advice@fppc.ca.gov (866/275-3772)

PER ELECTION (IF REQUIRED)

DATE

Enter on Summary Page, Line 17 only.

SUBTOTAL

# Schedule C Nonmonetary

Amounts may be rounded to whole dollars.

SCHEDULE C

Nonmonetary Contributions Received	ğ		St from	Statement covers period 09/20/2020	ļ	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			ŧ	through10/17/2020	ס	Page 8 of 15
NAME OF FILER					=	ER
Carlos Escobedo for Santa Maria City Council District 1 2020	1 2020					1424210
DATE  FULL NAME, STREET ADDRESS AND RECEIVED  (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE TO DATE (IF REQUIRED)
	OND SCC					
	OTH SCC					
	OTH SCC					
	OTH SCC			-		
Attach additional information on appropriately labeled continuation sheets	eled continuation s	sheets.	\$ SUBTOTAL	\$ 0.00	10 - E	
Schedule C Summary  1. Amount received this period – itemized nonmonetary contributions (Include all Schedule C subtotals.)	etary contribution		4	0.00	*Contributor Coc IND – Individual COM – Recipien	*Contributor Codes IND – Individual COM – Recipient Committee
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	onetary contributi	ons of less than \$100	\$_	0.00	OTH - 0	OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee
<ol> <li>Total nonmonetary contributions received this period.</li> <li>Add Lines 1 and 2. Enter here and on the Summary Page. Column A. Lines 4 and 10.)</li> </ol>	eriod. marv Page, Colum	nn A I ines 4 and 10 )	TOTAL \$ 0.00	0.00		

SCHEDULED CALIFORNIA 460 PER ELECTION (IF REQUIRED) TO DATE 15 of O I.D. NUMBER 1424210 Page 9 **CUMULATIVE TO DATE** CALENDAR YEAR (JAN. 1 - DEC. 31) Statement covers period 10/17/2020 09/20/2020 AMOUNT THIS PERIOD through \_ from DESCRIPTION (IF REQUIRED) Amounts may be rounded to whole dollars. TYPE OF PAYMENT Nonmonetary Nonmonetary Nonmonetary Independent Contribution Contribution Independent Contribution Contribution Expenditure Contribution Expenditure Monetary ☐ Monetary Monetary NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION. Carlos Escobedo for Santa Maria City Council District 1 2020 Candidates, Measures and Committees Oppose Oppose OR COMMITTEE Supporting/Opposing Other Summary of Expenditures Support SEE INSTRUCTIONS ON REVERSE NAME OF FILER Schedule D DATE

### Schedule D Summary

otals.)\$	100\$
. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	. Unitemized contributions and independent expenditures made this period of under \$100

0.00

SUBTOTAL \$

Independent

Expenditure

Oppose

Support

Contribution

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

#### Payments Made Schedule E

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA ARO
m 09/20/2020	FORM 400
	The second second second
ough 10/17/2020	Page 10 of 15
C	22
	I.D. NUMBER

SCHEDULE

from\_

SEE INSTRUCTIONS ON REVERSE Carlos Escobedo for Santa Maria City Council District 1 2020 through\_ 1424210

FND LEG IND CVC CVC CMP " Payments that are contributions or independent expenditures must also be summarized on Schedule Menlo Park, CA 94025 l Hacker Way CODES: Newbury Park, CA 91320 DMH Meyer, Inc. Newbury Park, CA 91320 DMH Meyer, Inc. 1560-1 Newbury Rd, #212 Facebook, Inc 1560-1 Newbury Rd, #212 civic donations campaign literature and mailings independent expenditure supporting/opposing others (explain)\* fundraising events candidate filing/ballot fees contribution (explain nonmonetary)" campaign consultants campaign paraphernalia/misc. legal defense If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME AND ADDRESS OF PAYEE MTG OFC PET POL MBR office expenses meetings and appearances member communications professional services (legal, accounting) polling and survey research print ads postage, delivery and messenger services phone banks petition circulating CODE LII LIT OR. DESCRIPTION OF PAYMENT Social Media Ads RAD RFD SAL TRC TRS TRS TRS TRS TRS candidate travel, lodging, and meals radio airtime and production costs information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals returned contributions voter registration t.v. or cable airtime and production costs campaign workers' salaries SUBTOTAL \$ 4,553.11 AMOUNT PAID 796.19 3,404.08 352.84

### Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)......
- Unitermized payments made this period of under \$100.
- ω Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... S
- 4 Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... TOTAL \$ 9,623.69

6

0.00 26.82 9,596.87

Schedule E (Continuation Payments Ma

Amounts may be rounded

of 15 1424210

SCHEDULE E (CONT.)

(Continuation Sheet)	to whole dollars.	Statement covers period	CALIFORN
Payments Made		from 09/20/2020	FORM
SEF INSTRUCTIONS ON REVERSE		through 10/17/2020	Page 11
NAME OF FILER			I.D. NUMBER

Carlos Escol	bedo for Santa Maria City Council District 1 2020	
CODES: If	If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	

000	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	ribes the payment, y	ou may enter the code. (	Otherwise,	describe the payment.	
CMP CNS CTB CVC FIL FND IND	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure support ng/opposing others (explain)* legal defense campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition c.rculating PHO phone banks POL polling and survey research POS postage, delivery and mess PRO professional services (legal,	member communications meetings and appearances office expenses petition c.rculating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	RAD RFD SAL TEL TRC TRS TSF VOT	RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging and meals TRS transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	e candidate/sponsor -mail)
	NAME AND ADDRESS OF PAYEF					

NAME AND ADDRESS OF PAYEF (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Doug Dougherty 445 S. 1st. Street Orcutt, CA 93455			Video production	1,500.00
DMH Meyer, Inc. 1560-1 Newbury Rd, #212 Newbury Park, CA 91320	LIT			3,543.76

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

### Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

through 10/17/2020	from09/20/2020	Statement covers period
	2790	0

through.

I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, NAME OF FILER SEE INSTRUCTIONS ON REVERSE Carlos Escobedo for Santa Maria City Council District I 2020 1424210

97	4	₩.	49	SUBTOTALS \$	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(b) AMOUNT INCURRED THIS PERIOD	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	CODE OR DESCRIPTION OF PAYMENT	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
s ne candidate/spons ⊷mail)	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	nces arch essenger services egal, accounting)	MBR member communications MIG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations F'L candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings

### Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ....... INCURRED TOTALS \$ 0.00
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)... PAID TOTALS \$ 0.00

### Payments Made by an Agent or Independent Schedule G

Amounts may be rounded to whole dollars.

<b>100</b>	09/20/2020
CALIEORNIA A CO	Statement covers period

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f This Committee)	
or (on Behalf of T	ONS ON REVERSE

ğ L.D. NUMBER 1424210 13 Page \_ through 10/17/2020 Carlos Escobedo for Santa Maria City Council District 1 2020 NAME OF AGENT OR INDEPENDENT CONTRACTOR NAME OF FILER Contract SEE INSTRUCT

transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) campaign workers' salaries t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, returned contributions voter registration RAD SAL TEL TRC TRC VOT postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances member communications petition circulating office expenses phone banks print ads MBR MTG OFC PET POL POS PRO PRT independent expenditure supporting/opposing others (explain)\* contribution (explain nonmonetary)\* campaign literature and mailings CMP campaign paraphernalia/misc. candidate filing/ballot fees campaign consultants fundraising events civic donations legal defense CODES: CTB CVC FIL IND CNS FND

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTER, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Attach additional information on appropriately labeled continuation sheets.		TOTA	TOTAL* \$ 0.00

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

### Sch Loa

Page 14 of 15	through 10/17/2020	throu	
FORM 400	09/20/2020	from	
CALIFORNIA A CO	Statement covers period		)ded
SCHEDULE H			

Loans Made to Others*		Amounts may be rou to whole dollars.	Amounts may be rounded to whole dollars.	<b>-</b>	from09/20/2020	020	CALIFORNIA FORM	1A 460
SEE INSTRUCTIONS ON REVERSE					through 10/17/2020	020	Page 14	of 15
NAME OF FILER							I.D. NUMBER	
Carlos Escobedo for Santa Maria City Council District 1 2020	District 1 2020						1424210	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
				FORGIVEN	5	RATE %	ω 	PER ELECTION**
		50	us:	S	DATE DUE	€n	DATE INCURRED	S
				☐ PAID				CALENDAR YEAR
				FORGIVEN	5	RATE	40	PER ELECTION**
		0)	on	SI	DATE DUE	8	DATE INCURRED	5
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	or committee must n must also be	SUBTOTALS	4	ਲ	₩	69		
						(Enler (e) on Schedule I, Line 3)		
Schedule H Summary  1. Loans made this period					\$ 0.00		1	
(Total Column (b) plus unitemized loans of less than \$100.)  2. Payments received on loans		电可用线 医血栓 化化苯甲酚 医甲状腺素 化二甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲基苯甲			\$ 0.00			**If Required
	nents of less than \$100.)	· 网络甲基 · 网络 · 网		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NET \$ 0.00			
(Enter the net nere and on the Summary Page, Column A, Line 7.)	y Page, Column A, Line 7.,							

(May be a negative number)

	Cash
	Increases to
schedule I	Miscellaneous

Amounts may be rounded to whole dollars.

SCHEDULE CALIFORNIA 460 Statement covers period

		from 09/20/2020	FORM
SEE INSTRUCTIONS ON REVERSE	VERSE	through 10/17/2020	Page 15 of 15
NAME OF FILER			I.D. NUMBER
Carlos Escobedo for Sar	Carlos Escobedo for Santa Maria City Council District 1 2020		1424210
DATE	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional info	Attach additional information on appropriately labeled continuation sheets,	SUBTOTAL \$	- S

## Schedule I Summary

- \$ 0.00 2. Unitemized increases to cash of under \$100 this period. .......
  - 0.00 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....
- 0.00

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

